



REQUEST FOR LOT CONSOLIDATION BUREAU OF PLANNING CITY OF ATLANTA, GEORGIA

LOT CONSOLIDATION

ADDRESS(ES) OF PROPERTY

(Indicate addresses or parcel ID numbers of all properties proposed for consolidation)

Lot consolidations are processed on an “*as requested*” basis and may take up to 15 (fifteen) business days for approval

NAME OF APPLICANT _____

PHONE NUMBER: _____

NAME OF COMPANY _____

CELL NUMBER: _____

E-MAIL ADDRESS _____

FAX NUMBER: _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

IF MORE THAN ONE OWNER, LIST ADDITIONAL OWNERS ON A SEPARATE SHEET

NAME OF OWNER _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

I HEREBY REQUEST approval of the consolidation of the subject property according to the plans, which are submitted as a part of this application. I HEREBY AUTHORIZE the staff of the City of Atlanta to inspect the premises of the above described property. I HEREBY SWEAR AND AFFIRM that all statements contained herein and attached hereto are true and correct to the best of my knowledge and belief.

Owner or Agent for Owner (Applicant) _____

INSTRUCTIONS:

(Note – Any form that is not completely filled may be delayed, result in a denial or returned to the applicant)

Submittals:

- Consolidation Application Form
- Project Description Summary Form
 - Provide information regarding the reasons for this consolidation and the requested address for the proposed consolidation in the available spaces.
- Authorization of Property Ownership Form
 - If more than one owner, a separate form must be signed, dated & notarized by all owners involved.
- Three (3) copies of a clear and legible survey or plat at a size no larger than 17 X 22.
 - The survey or plat should show the proposed consolidation with required setbacks and dimensioned lot lines (bearings and lengths) and size of the resultant lot(s) by acreage and square footage.
 - Resultant property lines should be solid lines. Property line(s) being vacated need to be shown as dashed or dotted lines and labeled “Original Property Line”.
 - The survey should reflect all existing conditions on the site, i.e., structures, driveways, retaining walls, fences, etc.
 - Survey should reflect the name, size & extents of all bordering right of ways.
 - Provide the distance from the nearest intersection on the same side of the road.
 - Surveyor must sign through seal.
 - Survey must meet the measurements of the referenced scale – must be scalable.
 - Boundary lines should be obtained from actual field-run survey records.
- A check made out to “Fulton County” for \$9.00 per different 3-copy submission. Applicants for consolidations of land in Dekalb County are required to record the consolidation in Dekalb County and return a copy to the Bureau of Planning for distribution and completion.



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PROJECT SUMMARY FORM

LOT CONSOLIDATION

ADDRESS(ES) OF PROPERTY _____

(indicate addresses or parcel ID numbers of all properties proposed for consolidation)

The subject property fronts _____ feet on the _____ side of _____
beginning _____ feet from the _____ corner of _____

Depth _____

Area _____

PROPOSED
ADDRESS _____

Land Lot _____

District _____

Zoning _____

Council District _____

Neighborhood Planning Unit (s) _____

INDICATE THE PURPOSE OF THE REQUESTED CONSOLIDATION, I.E., WHAT ISSUE (S) WOULD BE RESOLVED (BE SPECIFIC)

Is this consolidation a requirement for obtaining a building permit? ☐ Yes ☐ No (Attach any comments received from the referring Bureau.)

Name of Referring Staff Member in the Bureau of Buildings _____

Is this consolidation request a result of an approved rezoning? ☐ Yes ☐ No

Is this consolidation request needed to proceed with or a result of an Urban Enterprise Zone Application? ☐ Yes ☐ No

I HEREBY ACKNOWLEDGE that if the subject parcel is zoned for single family residential use and consolidated for the purpose of creating a single larger parcel, any subsequent resubdivision of the property is subject to the requirements of the current zoning district and Part 15 –City of Atlanta Subdivision Ordinance.

NAME _____

DATE _____

INDICATE ADDITIONAL INFORMATION THAT WILL ASSIST WITH THE REVIEW OF THIS APPLICATION.



**REQUEST FOR LOT CONSOLIDATION
BUREAU OF PLANNING
CITY OF ATLANTA, GEORGIA**

**AFFIDAVIT
AUTHORIZATION BY PROPERTY OWNER
REQUEST FOR LOT CONSOLIDATION**

I swear that I am the owner of _____
(Indicate addresses or parcel ID numbers of all properties proposed for consolidation)

_____ which is the subject of the attached
request for lot consolidation, and is shown in the records of _____ County, Georgia.

I authorize the person named below to act as my agent in the pursuit of this application for the consolidation of the
subject properties.

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

APPLICANT'S TELEPHONE # _____ FAX # _____

APPLICANT'S EMAIL ADDRESS _____

NAME OF OWNER _____

SIGNATURE OF OWNER _____

NOTARIAL STATEMENT FOR PROPERTY OWNER

Sworn to and subscribed before me this _____ day of

_____, 200_____

Notary Public